



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention – Solid Waste Management**

**BWP SW 05 Large Handling Facilities**  
**BWP SW 08 Landfills – Phase Approval**  
**BWP SW 15 New or Expanded Combustion Facility**  
**BWP SW 19 Small Handling Facilities**  
**BWP SW 26 New Large Landfill or Major Expansion**  
**BWP SW 27 New Medium Landfill or Medium Expansion**  
**BWP SW 28 New Small Landfill or Small Expansion**  
**BWP SW 29 New or Expanded Woodwaste Landfill**

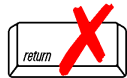
Transmittal Number \_\_\_\_\_

Facility ID# (if known) \_\_\_\_\_

**Application for New or Expanded Solid Waste  
Management Facility**

**A. Facility Information**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**Directions:**  
Specify the plan/report and page numbers in which the following information is located.

For **BWP SW 08**, complete sections I & II. For all others, complete sections II - V.

Enter N/A if information requested is not applicable.

**Important Note:**  
Engineering Plans must be stamped by a Registered Professional Engineer (PE). Property Line Location must be stamped by a Registered Land Surveyor (RLS).

**1. Which permit category are you applying for?**

- ☐ BWP SW 05    ☐ BWP SW 08    ☐ BWP SW 15    ☐ BWP SW 19  
☐ BWP SW 26    ☐ BWP SW 27    ☐ BWP SW 28    ☐ BWP SW 29

**I. Authorization to Construct (ATC) a new phase in an existing permitted landfill (BWP SW 08 only):**

- A. Copy of approved facility permit  
B. Identify the phase for which the ATC is being requested  
C. Design complies with 310 CMR 19.000

Plan/Report # \_\_\_\_\_

Page # \_\_\_\_\_

DEP Use Only

**II. Authorization to Construct – Other Permits/Approvals (19.041(3))**

- A. Surface Water Discharge Permit (314 CMR 3.00)  
B. Ground Water Discharge Permit (314 CMR 5.00)  
C. Storm Water Discharge permit  
D. Sewer Connection Permit (314 CMR 7.00)  
E. Federal Water Pollution Control Act  
F. Other local, state, federal etc.

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**III. Plan Submissions**

- A. Waste Control Plans (310 CMR 19.017)  
B. Facility Plan (310 CMR 19.030(3)(c))  
    1. Site Plan (310 CMR 19.030(3)(c)(1))

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**A. Facility Information (cont.)**

	Plan/Report #	Page #	DEP Use Only
2. Recycling/Composting Plan (310 CMR 19.030(3)(c)2.) for MSW and Demolition Landfills and Combustion Facilities	_____	_____	_____
3. Facility Design Plan (310 CMR 19.030(3)(c)3)	_____	_____	_____
4. Operation and Maintenance Plan (310 CMR 19.030(3)(c)4)	_____	_____	_____
5. Closure/Post Closure Plan (310 CMR 19.030(3)(c)5)	_____	_____	_____
6. Hydrogeological Study (310 CMR 19.030(2))(310 CMR 19.104(3)) required for Landfills	_____	_____	_____
<b>IV. Documentation</b>			
A. Public Health Report (310 CMR 19.030(3)(d))	_____	_____	_____
B. Site Assignment Documentation (310 CMR 19.030(3)(e))	_____	_____	_____
C. MEPA Status (310 CMR 19.030(3)(f))	_____	_____	_____
D. Wetlands Order of Conditions	_____	_____	_____
E. Waste Disposal Contract (Transfer Stations)	_____	_____	_____
F. Financial Assurance Estimate (310 CMR 19.051(5))	_____	_____	_____
<b>V. Permit Criteria (310 CMR 19.038)</b>			
A. MEPA Compliance	_____	_____	_____
B. Site Assignment Limits	_____	_____	_____
C. Compliance with Facility Specific Regulations	_____	_____	_____



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	Plan/Report #	Page #	DEP Use Only
D. Public health, safety or environmental considerations	_____	_____	_____
E. Compliance with Other Applicable Laws and Regulations	_____	_____	_____
F. Compliance with Waste Control	_____	_____	_____
G. Enforcement Status	_____	_____	_____
H. Bird Hazard	_____	_____	_____
I. Structural Support	_____	_____	_____
J. Wildlife Endangerment	_____	_____	_____
K. Capacity Utilization	_____	_____	_____
L. Waste Diversion & Processing	_____	_____	_____
M. Integrated Solid Waste Management Effects	_____	_____	_____
N. Location Restrictions			
1. Combustion Facilities and Handling Facilities			
a. Zone II	_____	_____	_____
b. IWPA	_____	_____	_____
c. Unmonitorable Area	_____	_____	_____
d. Waste Handling Setbacks	_____	_____	_____
2. Landfills			
a. Zone II	_____	_____	_____



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**A. Facility Information (cont.)**

	Plan/Report #	Page #	DEP Use Only
b. Public Water Supply	_____	_____	_____
c. IWPA	_____	_____	_____
d. Sole Source Aquifer	_____	_____	_____
e. Unmonitorable Area	_____	_____	_____
f. Gas Control	_____	_____	_____
g. Leachate Containment Structures	_____	_____	_____
h. Waste Deposition Setbacks	_____	_____	_____
i. Seismic Impact Zone	_____	_____	_____
j. Unstable Area	_____	_____	_____

**B. Certification & Engineer's Supervision: 310 CMR 19.011**

**Engineer's Supervision:**

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

Print Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Company \_\_\_\_\_

P.E. # \_\_\_\_\_

Date \_\_\_\_\_



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**B. Certification & Engineer's Supervision: 310 CMR 19.011 (cont.)**

**Certification**

Any person, required by these regulations or any order issued by the Department, to submit papers shall identify themselves by name, profession, and relationship to the applicant and legal interest in the facility, and make the following certification: "I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date